

Interesting Facts Concerning the Wilshire Medical Building.—And here it may not be out of place to call attention also to the following facts concerning the Wilshire Medical Building:

1. The original unit, erected in 1928, at a cost of \$1,000,000 is almost entirely owned by members of the Los Angeles County Medical Association.

2. It was financed without discounts or commissions, practically all stocks and bonds sold being applied to construction.

3. All tenants in the building, with the exception of a small number of dentists, are members of the Los Angeles County Medical Association.

4. During the recent years of depression, the building has been rented up to 95 to 98 per cent of its capacity, and now it has a waiting list.

5. Its board of directors (Doctors Wayland Morrison, president; Edward M. Palette, vice-president; Herman Zeiler, secretary-treasurer; Clarence Toland, William H. Kiger, Ernest C. Fishbaugh and Francis L. Anton, directors) are all members of the Los Angeles County Medical Association.

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In These Investments, Physicians Were Good Business Men.—The statement so often made, that physicians know nothing of business, evidently does not apply to the enterprise here referred to; which, happily, because of its own good fiscal and administrative record, makes the outlook for continued financial returns to the Los Angeles County Medical Association almost certain. Both organizations are to be congratulated on the happy results already attained, and likely to be realized in the future.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 52.

EDITORIAL COMMENT†

ON SUGAR AND FRUIT JUICES BEFORE OPERATION UNDER A MAJOR ANESTHETIC

Since Doctor Sansum, some sixteen years ago, suggested to us that, in addition to our use of large amounts of sugar and fruit juices before operation under a major anesthetic, we follow the operation with 1,000 cubic centimeters of a 10 per cent glucose solution to prevent or lessen post-operative vomiting, we promptly began the use

of intravenous glucose solution for this purpose, and recognized at once its great value as a food when nothing could be given by mouth to patients suffering from general peritonitis.

At that time, without being able specifically to follow up patients with so-called acidosis, we made the simple test of the urine for diacetic and acetone, and whenever these were found to be present the patient was given glucose intravenously. Not long thereafter we recognized the fact that considerable sugar was lost in the urine, and we then gave insulin.

In discussing this with Professor Chauncey D. Leake of the University of California, he submitted the following:

"One unit of insulin will take care of approximately one and one-half grams of glucose. It seems only reasonable to administer insulin with glucose in connection with operative procedures, in order to assure the proper utilization of the glucose administered. The purpose of giving the glucose is to provide a ready source of energy. This will not occur unless the glucose is adequately metabolized. In an operative procedure the tendency of the anesthetic agent is to interfere with enzyme action generally, and there is specific evidence, as brought out years ago by Thalimer, that insulin secretion is diminished by anesthesia. In order, therefore, to utilize the glucose administered, insulin should be given with it."

Many men have made these observations and most of them have put their ideas in print, and no doubt all of us know these facts; but one seems to forget too easily, and therefore we should be excused for reminding the profession, from time to time, of these aids to the successful care of their patients.

384 Post Street.

ALANSON WEEKS

G. D. DELPRAT

San Francisco.

HYPERPYREXIA FOLLOWING THE USE OF ATROPIN IN THE EYES OF CHILDREN

Many physicians appear to be unfamiliar with the occurrence of hyperpyrexia following the use of atropin, and are liable to be misled by it.

The increased use of atropin in the so-called true colic of infancy, gastropastic or entropastic infants, require large doses, usually enough to produce a flush. The amount of atropin required for gastro-intestinal relaxation varies enormously, as it does in the time and extent of pupillary dilation. Whether a given patient will have fever with the other manifestations is impossible to predict; but when it does occur, it is usually in the patient's home and requires careful explaining, and may lead to much unforeseen difficulty.

The problem is further complicated by the leukocytosis which not infrequently follows these administrations of atropin.

The length of time also varies; but the fever usually starts in three to four hours after the oral administration, with its peak in six to eight hours, and rapidly disappears.

The flushing provoked need not be disconcerting, because the strong vasomotor reaction of atropin is constant in healthy individuals and

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California and Nevada Medical Associations to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.